PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

1081/697

												<u> </u>
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F			BASIC FE	
Ţ	OTAL CHARG	EABLE CLAIMS	n	/ minus 20=		•		XS 9=	. -	OF		
IN	IDEPENDENT	CLAIMS) minus 3 =					X43=		\dashv	\	
М	ULTIPLE DEP	ENDENT CLAIM	PRESENT							OF		
*	f the different	ce in column 1 is	s less than:	zero, enter	"0" in	column 2		+145=	+	OF		
				MENDED - PART II				TOTAL	<u> 1383</u>	OR		<u></u>
_		(Column 1)		(Colum	nn 2)	(Column 3)		SMALI	ENTITY	OR		R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent			inus .		=		X43=		OR	X86=	7
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
	<u> </u>						L	TOTAL		امرا	TOTAL	
		(Column 1)		(Colum		(Column 3)	. ^	DDII. PEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	.]	RATE	ADDI- TIONAL FEE
ND ND ND	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	十	X43=	· · ·	OR	X86=	
	FIRST PRESE	NTATION OF ML	JLTIPLE DEI	PENDENT	LAIM		F	+145=		1 1	+290=	
							L	TOTAL		OR	+290=	•
(Column 1) (Column 2) (Column 2)							AD	DIT. FEE	<u> </u>	JOR ,	ODIT. FEE	· ·
اد	`	CLAIMS REMAINING		HIGHES	iπ .	(Column 3)			ADDI-	i r		ADDI
N L		AFTER AMENDMENT		NUMBE PREVIOU PAID FO	SLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	Val		=		X43=			X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=										OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, octor 20.										OR	TOTAL	
11	the 'Highest Nui	mber Previously Pai ber Previously Paid	d For IN THIS	S SPACE is le	ess than	3 enter *3 * .		OIT. FEE	ronriate ha		ODIT. FEE L	
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